

# Acute Abdomen pathway

## Assessment

- Identify those patients with acute abdomen
- MEWS score, If triggered escalate to senior review
- Frailty score
- Early referral to surgical SPR
- Bloods including G&S, Blood cultures if septic
- Consider urgent CT scan and fast track report



## Optimisation/ Resuscitation

- If sepsis suspected, complete sepsis 6 and give antibiotics within 60 mins
  - High flow o2
  - Blood Culture
  - Fluid challenge
  - Lactate (ABG/VBG)
  - IV Antibiotics
  - Urine catheter & commence fluid balance chart
- Risk of AKI, Review nephrotoxic medications e.g. ACEi, NSAIDS
- Review bloods/ Group and Save



## Prompt shared senior decision-making

- Consultant review
- NELA Mortality score
  - >5% - High risk – Refer patient to ITU
  - <5% - Low risk
- Decision: surgery / Conservative / palliative care
- Discuss with patient and NOK



## Admission to theatre

- Informed consent
- Timely access to CEPOD theatre and complete booking form
- Consultant presence in theatre
- Request HDU/ITU bed for high risk patient (NELA >5%)
- Use NELA briefing form in theatre and initiate NELA data entry



## Postoperative Care

- Recalculate NELA mortality score
- Appropriate post operative destination
- Care of the elderly review for patients aged >65 years
- Multimodal analgesia – consider rectus sheath block with catheter
- Nutrition
- Early mobilisation

